

KID ZONE ENRICHMENT PROGRAM

Spring Recess Camp (K-8th)

Child's First Name: _____ **Last Name:** _____

School: _____ **Grade:** _____

Guardian Driver's License/ID#	State
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PLEASE CIRCLE CAMP SELECTIONS:	CAMP FULLER	OR	CAMP HUDSON
<i>(No transportation is provided)</i>			

CAMP FULLER 1975 E Cornell Dr, Tempe, AZ 85283 (480) 897-6228 (x5682)

CAMP HUDSON 1325 E Malibu Dr, Tempe, AZ 85282 (480) 897-6608 (x6148)

When: March 9th – March 13th, 2020 (Monday – Friday)

Time: 6:30 am to 6:00 pm

Bring: A non-perishable lunch and beverage (Morning and afternoon snacks provided!)

Camp Fee: **\$120 for 5 days** **\$100 for 4 days** **\$90 for 3 days** **\$70 for 2 days** **\$50 for 1 day**

Field Trip:	Camp Fuller:	Fat Cats	Tuesday, 3/10	8am – 1pm
	Camp Hudson:	Fat Cats	Wednesday, 3/11	8am – 1pm

Administrative Fee: \$15 (non-refundable) *(additional \$25 camp registration fee for non-current participants)*

How to Register: By **FEBRUARY 28TH**, complete the registration form (one per child) on-line or submit to the Kid Zone Office via e-mail, fax or bring into the Administrative Office. Payment is due at the time of registration. **Please be aware that camps may fill prior to February 28th.** Registrations will not be accepted at the site or in the Kid Zone payment drop box. DES participants must call their caseworker prior to the start of camp to have eligibility switched to this school for camp week.

Questions: **Call:** (480) 350-5405 **Fax:** (480) 858-7688 **Email:** kidzone@tempe.gov

Refunds or credits for camp cancellation will not be issued unless notification is given one full calendar week in advance. Cancellation deadline is Monday, March 2nd, 2020. The administration fee is still due upon cancellation/withdrawal.

ALLERGIES/SPECIAL MEDICAL INFORMATION: (If your child uses an inhaler or is currently taking medications and the spring camp is not your child's home site, please bring an extra inhaler and medication to the camp site and fill out a new authorization form.)

The information included on the required Emergency Information and Immunization Record Card “blue card” is accurate and up-to-date.

I hereby consent to my child's participation in the Kid Zone Camp Program and assume the risks involved. I understand this camp is part of the Kid Zone Program and that all policies and procedures stated or referenced in the Kid Zone Parent Handbook and on the Kid Zone Registration Contract are in effect for this camp. I understand the fee paid does not include a premium for insurance. I authorize the Kid Zone representative to act in my behalf during the program. In case of injury or illness, I hereby give my authority to any hospital or doctor to render immediate emergency aid to my child. It is understood that the cost of this treatment will be the responsibility of the parent/guardian.

I am aware of and agree to assume all risks associated with my child's participation in the program and I will not hold the said organization responsible for accidents sustained in this program. In consideration of his/her participation in this activity, I release and hold harmless the Kid Zone Enrichment Program and their personnel from any liability for any injury or loss arising from participation in this activity. This does not waive any claim for intentional or grossly negligent acts of supervision. I permit my child to participate in the Kid Zone Enrichment Program field trips listed above. I also agree to release the Kid Zone Enrichment Program of any responsibility for damage to or loss of property arising from participation in this activity.

I authorize the Kid Zone Enrichment Program to obtain emergency transportation and medical treatment necessary for my child in the event of injury or illness. I further understand that the Kid Zone Enrichment Program does not carry medical or accident insurance to pay for these medical expenses incurred on behalf of my child and that I accept responsibility for any emergency transportation and medical treatment and any subsequent medical bills that my child may incur. I have notified you if my child requires any accommodations or special assistance to participate in the Kid Zone Enrichment Program.

Parent/Guardian Print: _____ Parent/Guardian Signature: _____ Date: _____

Amount Paid	Date Paid	Check #	Cash	Online/Recurring	Staff Initials
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